

Your Medicaid

C O N N E C T I O N

winter 2013



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We're improving access to care, health outcomes

This is an exciting and challenging time for the health care system in our country. During this time of change, the South Carolina Department of Health and Human Services, known as Healthy Connections, is committed to providing better care, better value and better health for you.

Over the last year, we made a commitment to enroll children who are eligible for Medicaid and increase access to quality health care services.

Working with the South Carolina Department of Social Services (DSS), less than a year ago we identified families who receive DSS benefits and qualify for Medicaid, but were not currently enrolled. With our Express Lane Eligibility program, we began to automatically enroll eligible children. Since then, we have determined more than 114,000 children eligible, which has allowed us to provide health coverage for approximately 90 percent of this population. These children can now receive health care services such as immunizations and well check-ups.

We also understand that it can be difficult to access quality health care and that sometimes you may need medical treatment in the evenings or on weekends, when your doctor's office may be closed. That is why we are excited about our partnership with CVS MinuteClinic (see p. 4). Now Medicaid beneficiaries can visit any of their 28 locations across the state, instead of spending hours in an emergency room for treatment of common illnesses and minor injuries.

We want to help you play a leading role in managing your own health and clarify the confusion surrounding the health care system. The Community Health Worker program is designed to teach patients about important health screenings, track medical appointments, clarify health conditions and assist with medication.

Keep reading to discover more programs, benefits and changes at Healthy Connections that demonstrate our commitment to providing access to quality care and improving health outcomes in South Carolina.



Anthony "Tony" Keck
Healthy Connections
Director



Anthony "Tony" Keck

You don't need to re-apply for Medicaid!

If this magazine was mailed to you, you are already a Healthy Connections member, which means you don't need to re-apply for Medicaid coverage until we contact you.

All the publicity about the Affordable Care Act, also known as "Obamacare," can be confusing, but we want our members to know that the new health law doesn't affect people who already have Medicaid in South Carolina. You may see and hear advertising and public service announcements over the next few months talking about the new law and telling people how to enroll in a health insurance plan, but none of this information applies to you. You will continue to receive Medicaid benefits as you always have, and there is no action that you need to take right now.

But please remember that many people and families who do have Medicaid coverage must renew their membership annually. Every year, these members will receive a review form from Healthy Connections 60 days before their eligibility expiration date. If you don't take the necessary action, you and/or your family members will be unenrolled, which can be detrimental to health, especially children's health. Remember: renew, don't re-apply.

Medicaid has a new logo and a new look!

Healthy Connections is excited to show the new logo we've created for the state's Medicaid program (below). The logo is one part of an overall re-branding effort that supports our mission of improving the health of all South Carolinians.

Instead of being an agency that just pays health care claims, we're changing the way we manage the health of a large part of our state's population, making healthy connections between our members and the providers who deliver care.

Any mail received with the Healthy Connections logo is about peoples' Medicaid coverage and should be opened quickly. New Medicaid cards will also be printed with this logo, although members will not receive one of the new cards unless they lose their current card(s).

SOUTH CAROLINA

Healthy Connections
MEDICAID



CVS MinuteClinics now treat all South Carolina Medicaid beneficiaries, regardless of health plan

Earlier this year, CVS MinuteClinics announced it will begin accepting all Medicaid beneficiaries. This includes those on the state's regular Medicaid plan and those enrolled in any of the managed care plans.



Instead of going to the emergency room, you can visit any of the 28 MinuteClinic locations in South Carolina seven days a week, even on evenings and weekends when doctors' offices may be closed.

MinuteClinic nurse practitioners can assess, treat and write prescriptions for common illnesses such as strep throat, ear aches and upper respiratory infections. Minor wounds, abrasions, skin conditions and joint sprains are also treated.

To find a CVS MinuteClinic near you, please use the interactive map at www.minuteclinic.com/SC/clinics.aspx. These locations are also listed on our website: <https://www.scdhhs.gov/site-page/cvs-minuteclinic-locations>



Healthy Connections Director Tony Keck gets his blood pressure checked by MinuteClinic nurse practitioner Stephanie Huston while visiting a CVS MinuteClinic in downtown Columbia. CVS MinuteClinics will now allow Medicaid beneficiaries to receive medically necessary treatment at any of their 28 locations in South Carolina.



Managed care is the future of Medicaid in South Carolina

Healthy Connections is changing so that we can improve the health of all South Carolinians. An important part of this change is a transition to a Managed Care Organization (MCO) health plan model. This means that we are offering you a health plan that will manage the services you receive, resulting in better health and lower costs.

Beginning in January 2014, MCOs will replace our existing Medical Home Networks (MHNs). The current MHNs are Carolina Medical Homes, Palmetto Physician Connections and South Carolina Solutions.

If you are currently in a MHN, there are some things you should know and look for in your mailbox in late November. You will receive a letter from your MHN telling you how you will be enrolled Jan. 1, 2014. Your letter will also tell you how you may change health plans and the time you have to make these changes. Everyone enrolled in a health plan has a chance to change plans at the end of their enrollment year. Healthy Connections will send you a letter each year reminding you of this opportunity.

For more information about the change from a MHN to a MCO, please call the number for your health plan that is listed in your letter. They will be able to answer your questions.

To compare the services offered by the MCO health plans, please visit www.scchoices.com and select the "Compare Health Plans" link at the bottom of the page.

► WHAT ARE MCOs ANYWAY?

Managed Care Organizations provide whole-health, high-quality care that leads to better health outcomes. MCOs have the ability to provide services that can significantly benefit patients, such as disease management (help with diabetes, weight loss, etc.) and care coordination, and can improve access to care for beneficiaries.

Sign up for baby-related text message reminders

Are you pregnant or a new mom? Get support during your pregnancy and your baby's first year with free text messages on topics like prenatal care, baby health, parenting and more.

Text4baby, the largest mobile health initiative in the nation, uses text messages to help new and expectant mothers keep themselves and their babies healthy. Customized health information and safety tips are texted to participants for free.



To sign up, text the word **BABY** (o **BEBE** en Español) to 511411. You will receive three free text messages a week, timed to your due date or your baby's birth date. You can also text **REMIND** to receive appointment reminders for yourself or your baby. Text **STOP** to discontinue messages or **HELP** for assistance with using the service.

► FOR MORE INFORMATION, VISIT:

www.text4baby.org

5 tips for a healthy pregnancy

1. Don't smoke or expose yourself to secondhand smoke.
2. Don't drink alcohol.
3. Eat five or six well-balanced meals every day.
4. Take prenatal vitamins as directed by your obstetrician or midwife.
5. Drink plenty of non-sugary fluids – at least eight to 10 glasses a day – avoiding caffeine and artificial coloring.

Text4baby is a free service of the nonprofit National Healthy Mothers, Healthy Babies Coalition, created in collaboration with founding sponsor Johnson & Johnson, and founding partners Voxiva, CTIA–The Wireless Foundation, and Grey Healthcare Group.

Protect yourself by getting a flu shot early!

Although flu outbreaks happen every year, the timing, seriousness and length of the season vary from one year to another. Flu activity commonly peaks in January or February, but the flu season has been known to range from October to May.

The Centers for Disease Control (CDC) recommends a yearly flu shot for everyone 6 months of age and older. It's the most important step in protecting against this serious disease. Getting the flu vaccine as soon as it becomes available each year is always better than waiting until the flu breaks out in your area. The protection you get from vaccination will last the whole flu season.

You can take everyday steps to protect yourself and your family like staying away from sick people and washing your hands to reduce the spread of germs. If you are sick with the flu, stay home from work or school to prevent spreading it to others.

► MEDICAID COVERS THE COST OF YOUR FLU SHOT:

- Any doctor's office or other health care facility that accepts Medicaid will provide one flu shot per beneficiary at no cost to the patient.
- Other types of health care facilities include CVS MinuteClinics, county health departments, federally qualified health centers and free clinics.



Transportation assistance available to members

Non-emergency transportation is available for Medicaid recipients who need to see a doctor, go to other medical appointments or visit the drug store.

To schedule a ride, simply call the LogistiCare reservation line for your area (see table of county contact numbers below)



Monday through Friday 8 a.m.-5 p.m. Please call at least three business days before your trip. Urgent trips may be accepted with less than three days' notice. To cancel a ride, call Logisticare as soon as you can.

Please have your Medicaid ID number, pick-up address and phone number, appointment date and time, and your doctor's name, address and phone number when you are scheduling transportation. LogistiCare will tell you what time to be ready and will call you if the pick-up time changes.

If your ride is more than 15 minutes past the designated pick-up time and no one has contacted you, when your appointment is finished, or if you have problems with your driver or transportation, please call one of the "Where's My Ride?" phone numbers listed below.

► IN THESE COUNTIES

TO SCHEDULE A RIDE

WHERE'S MY RIDE?

Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda or Spartanburg

Call (866) 910-7688

Call (866) 910-7689

Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Clarendon, Fairfield, Kershaw, Lancaster, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter, Union or York

Call (866) 445-6860

Call (866) 445-9962

Beaufort, Berkeley, Charleston, Chesterfield, Colleton, Darlington, Dillon, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Marion, Marlboro or Williamsburg

Call (866) 445-9954

Call (866) 445-9964



Need incontinence supplies?

Medicaid beneficiaries age 4 or older who have an inability to control their bowel or bladder function may be eligible for incontinence supplies under Medicaid's Home Health program.

You can call or go online to find out if you're eligible for this benefit and begin the referral process. Both options include giving basic personal and health-related information, then undergoing an assessment to determine the frequency and degree of incontinence.

Those deemed eligible will be mailed a list of providers to choose from and a certification of incontinence form that you must have your doctor sign. The amount of incontinence supplies provided under this program will depend on the frequency of incontinence. For example, "occasional incontinence" allows up to one case of supplies every three months. "Frequent incontinence" allows up to two cases every three months, and "total incontinence" allows one case every month.

After returning the provider choice list and the physician certification of incontinence form, you will begin receiving incontinence supplies from your chosen provider.

► USE ONE OF THE OPTIONS BELOW TO GET STARTED:

- On the Internet: https://phoenix.cltc.state.sc.us/cltc_referrals/new
- On the phone: (855) 278-1637



HIPP HIPP hooray!

If you have Medicaid and private health insurance, we have a medical savings program just for you!

The Health Insurance Premium Payment (HIPP) program is a cost-savings initiative that maintains premium payments for eligible Medicaid beneficiaries who keep their private health insurance.



Through this initiative, those who qualify for HIPP may qualify for monthly reimbursements for insurance premiums that you have paid for yourself or your eligible dependents.

To qualify for HIPP, individuals must meet the following criteria:

- Be enrolled in fee-for-service Medicaid;
- Have private health care insurance; and
- Have medical needs that are determined cost-effective.

Some long-term cost-effective

conditions include, but are not limited to, cancer, end-stage renal disease, chronic heart problems, HIV/AIDS and children with disabilities.

Common short-term cost-effective conditions include, but are not limited to high-risk pregnancies, seasonal conditions like asthma and allergies, and upcoming surgeries or diagnostic testing.

► HOW TO APPLY FOR HIPP:

- Complete and submit the HIPP referral form, available at: <https://www.scdhhs.gov/newsletter/HIPP-Referral-Form.pdf>
- Gather and submit all other required support documents, like private health insurance premium invoices or paycheck stubs, private health plan booklets or summary of benefits, and four to six months of Explanations of Benefits from your private insurer.

NOTE: HIPP representatives can also see if you have other medical conditions that may qualify. For more information, please call (803) 264-6847 or (803) 264-6838.

Do your part to prevent Medicaid fraud and abuse

Medicaid abuse costs taxpayers billions of dollars, wasting money that could otherwise be used for needed health care services. Not only do fraudulent practices increase the cost of Medicaid without adding value, but they also can increase risk and possible harm to patients who are exposed to unneeded procedures.

Protect yourself and Healthy Connections against Medicaid fraud from dishonest individuals and businesses by keeping your Medicaid card, number and any other health-related information private.

Healthy Connections staff members will **NEVER CALL YOU** to ask for this information, so be very suspicious of anyone other than your authorized health care provider(s) who requests your Medicaid or Social Security number.



- Medicaid fraud costs U.S. taxpayers \$160 billion per year
- Medicaid fraud convictions can result in significant fines, imprisonment or both

► TO REPORT SUSPICIOUS ACTIVITY, ABUSE OR FRAUD:


- Call the Medicaid Fraud Hotline at **(888) 364-3224** (toll-free)
- Call the Attorney General's Medicaid Fraud Unit at **(803) 734-3660**

Have questions or need help? Keep in touch with us!

Use the phone numbers and websites below to call us for information, ask for help or keep up with the latest Healthy Connections news and information.

 Healthy Connections Member Services Center (888) 549-0820
(8 a.m.-7 p.m. Mon-Fri / 8 a.m.-1 p.m. Sat)

 ACA Contact Center 211
(24 hours a day / 7 days a week)

 Healthy Connections website [scdhhs.gov](https://www.scdhhs.gov)

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